

**FENWICK & WEST LLP**

SAN FRANCISCO OFFICE | EMBARCADERO CENTER WEST
275 BATTERY ST., SUITE 1500 | SAN FRANCISCO, CA 94111
TEL 415.875.2300 | FAX 415.281.1350 | WWW.FENWICK.COM

RECEIVED
CENTRAL FAX CENTER

APR 15 2004

FACSIMILE TRANSMISSION

OFFICIAL

CONFIDENTIAL

DATE: April 15, 2004

CLIENT-MATTER NO.: 21192-06625

To:

NAME	FAX NO.	PHONE NO.
Examiner Thuan Do Group Art No. 2825 U.S. Patent and Trademark Office	703-872-9306	

FROM: Robert A. Hulse

PHONE: (415) 875-2444

SENT BY: Cheryl Leger

PHONE: (415) 875-2495

RE: In Re: U.S. Patent Application No. 10/040,852

NUMBER OF PAGES WITH COVER PAGE: 2

ORIGINAL WILL NOT FOLLOW

MESSAGE:

Please see attached Request for Withdrawal as Attorney or Agent.

CAUTION - CONFIDENTIAL

THE INFORMATION CONTAINED IN THIS FACSIMILE MESSAGE IS PRIVILEGED AND CONFIDENTIAL INFORMATION INTENDED ONLY FOR THE USE OF THE INDIVIDUAL OR ENTITY NAMED ABOVE OR THEIR DESIGNEE. IF THE READER OF THIS MESSAGE IS NOT THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY DISSEMINATION, DISTRIBUTION OR COPY OF THIS COMMUNICATION IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR PLEASE IMMEDIATELY NOTIFY US BY TELEPHONE AND RETURN THE ORIGINAL MESSAGE TO US AT THE ABOVE ADDRESS VIA THE U.S. POSTAL SERVICE. THANK YOU.

IF YOU DO NOT RECEIVE ALL OF THE PAGES, OR IF THEY ARE NOT CLEAR,
PLEASE CALL CHERYL LEGER AT (415) 875-2495 AS SOON AS POSSIBLE.

REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT	Application Number	10/040,852
	Filing Date	December 28, 2001
	First Named Inventor	Tommy K. Eng
	Group Art Unit	2825
	Examiner Name	Thuan Do
	Attorney Docket Number	21192-06625

To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

I hereby apply to withdraw as attorney or agent for the above identified patent application. The client has been duly notified of this request for withdrawal and provided with all papers and property to which the client is entitled.

The reasons for this request are:

The client knowingly and freely assents to termination of the employment.

1. ☐ The correspondence address is NOT affected by this withdrawal.

2. ☒ Change the correspondence address and direct all future correspondence to:

Firm or Individual Name	Sterne, Kessler, Goldstein & Fox P.L.L.C.				
Address	1100 New York Avenue				
Address					
City	Washington, D.C.	State	District of Columbia	Zip	20005
Country	United States				
Telephone	(202) 371-2600	Fax	(202) 371-2540		

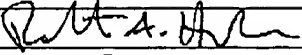
☒ This request is made on behalf of myself and

☒ all the attorneys/agents of record,

☒ the attorneys/agents (with registration numbers) listed on the attached paper(s), or

☒ the attorneys/agents associated with Customer Number 19-2555

on whose behalf I have signed this request and on whose behalf I am authorized to sign. The request is enclosed in triplicate (including any attachments).

Name	Robert A. Hulse
Signature	
Date	April 15, 2004

NOTE: Withdrawal is effective when approved rather than when received.
Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

21192/06625/SF/5116703.1